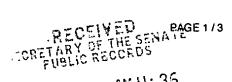
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FEC FORM 2 STATEMENT OF CANDIDACY



16 OCT | 1 AM | 1:36

(a) Name of Candidate (in full) Deborah K Ross					
(b) Address (number and street) P.O. Box 28258	Check if address changed		2. Candidate's FEC Identification Number		
(c) City, State, and ZIP Code Raleigh	NC	2761	 1	3. Is This A	lew Amended
	5. Office Sought			ict of Candidate	7, 7,
DEMOCRATIC PARTY	Senate		NC NC	00	
7. I hereby designate the following name	SIGNATION OF PRI				election(s).
NOTE: This designation should be fi	ed with the appropriate offic	e listed in the	ne instructions.	(300, 01 010	
(a) Name of Committee (in full)	.,,,				
Deborah Ross for Se	enate				
(b) Address (number and street) P.O. Box 28258					
(c) City, State, and ZIP Code					
Raleigh			NC	27611	
1 hereby authorize the following name candidacy. NOTE: This designation should be final (a) Name of Committee (in full) NORTH CAROLINA	ed with the principal campai			mittee, to receive and ex	xpend funds on behalf of my
(b) Address (number and street) 120 MARYLAND AVENUE NE					
(c) City, State, and ZIP Code					
WASHINGTON			ĐC	20002	
I certify that I have exam	nined this Statement and to	the best of	my knowledge a	nd belief it is true, coπec	t and complete.
Signature of Candidate	·, <u>-</u>			Date	•
Mr				10/03/2016	
NOTE: Submission of false, erroneous,	or incomplete information m	ay subject t	he person signin	ng this Statement to pena	alties of 2 U.S.C. §437g.
			1		FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

	Page 2 / 3
OF OTHER AUTHORIZED COMMITTEES uding Joint Fundraising Representatives)	[ADDITIONAL]
OT my principal campaign committee, to receive and expend funds	on behalf of my
cipal campaign committee.	
	
	_
DC 20002	
OF OTHER AUTHORIZED COMMITTEES uding Joint Fundraising Representatives)	[ADDITIONAL]
OT my principal campaign committee, to receive and expend funds	s on behalf of my
cipal campaign committee.	
NC 27514	
OF OTHER AUTHORIZED COMMITTEES uding Joint Fundraising Representatives)	[ADDITIONAL]
OT my principal campaign committee, to receive and expend funds	s on behalf of my
cipal campaign committee.	
THE MAJORITY	
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DC 20002	
	DC 20002 DF OTHER AUTHORIZED COMMITTEES Lipal campaign committee, to receive and expend funds DC 20002 DF OTHER AUTHORIZED COMMITTEES Liding Joint Fundraising Representatives) DT my principal campaign committee, to receive and expend funds Cipal campaign committee. NC 27514 DF OTHER AUTHORIZED COMMITTEES Liding Joint Fundraising Representatives) OT my principal campaign committee.

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 / 3
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend fun	ds on behalf of my
NOTE:This designation should be filed with the princi	ipal campaign committee.	
(a) Name of Committee (in full) BLUE SENATE 2016		
(b) Address (number and street) 918 PENNSYLVANIA AVE SE		
(c) City, State and ZIP Code		·
WASHINGTON	DC 20003	
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend fun	ids on behalf of my
NOTE:This designation should be filed with the princi	ipal campaign committee.	
(a) Name of Committee (in full)	1	
WOMEN SENATE VICTORY 20	16	
(b) Address (number and street) 918 PENNSYLVANIA AVE SE		
(c) City, State and ZIP Code		
WASHINGTON	DC 20003	
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend fun	ds on behalf of my
NOTE: This designation should be filed with the principal content of th	ipal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		

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